

## Statement of Contributions Received

 Event Date \_\_\_\_\_  
 Page **61**

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Bill Buckel for Columbus School Board Comm.</b>									
Full Name of Contributor <b>William L. Buckel</b>						Registration Number, if PAC _____			
Street Address <b>1641 Hess Blvd</b>			Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43212</b>		M <b>0</b>		D <b>20</b>	
						Y <b>07</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>William L. Buckel</b>						Registration Number, if PAC _____			
Street Address <b>1641 Hess Blvd</b>			Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43212</b>		M <b>0</b>		D <b>32</b>	
						Y <b>07</b>		Amount <b>\$300.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **400.00**